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CONFIRMATION NO. 4894

Bib Data Sheet

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER 09/784,072 | FILING DATE 02/16/2001 RULE | CLASS 370 | GROUP ART UNIT 2661 | ATTORNEY DOCKET NO. 040000-682 |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

Karim El Malki, Roma, ITALY;
 Hesham Soliman, Melbourne, AUSTRALIA;

YES

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/187,870 03/08/2000

N/A

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 03/16/2001

| | | | | | |
|---------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY ITALY | SHEETS DRAWING 10 | TOTAL CLAIMS 32 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after | | | | |
| Verified and Acknowledged | Allowance Examiner's Signature | Initials | | | |

ADDRESS

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 BURNS, DOANE, SWECKER & MATHIS, L.L.P.
 P.O. Box 1404
 Alexandria ,VA 22313-1404

TITLE

Hierarchical mobility management for wireless networks

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|--------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED 1056 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|